ATTACHMENT F Health and Safety Inspection Form

Health and Safety Inspection Form Project Name: Date: **Project Number:** Location: Prepared By: **Project Manager: Auditor: HSS On Site:** YES NO N/A **COMMENTS GENERAL** Is the HASCP on site? Is the HASCP finalized and approved? Is the OSHA poster displayed? Are emergency telephone numbers posted? Is emergency eyewash immediately available? Is an emergency shower immediately available? Are emergency notification means available (radio, telephone)? Is a first-aid kit immediately available? Is the first-aid kit adequately stocked? Is there a proper sanitation facility on site? **DOCUMENTATION AND RECORDKEEPING** Are only personnel listed and approved in the HASCP on site? Are all personnel properly trained? (Check companyissued wallet cards.) Is the daily field log kept by the Project Manager? Are levels of PPE recorded? Are contaminant levels recorded? Are site surveillance records kept by HSS? Is a copy of current fit test records on site? Are calibration records maintained for air monitoring equipment? Are accident / incident forms on site? Are field team review sheets signed? Are additional hospital route directions available? Is the visitors' logbook being accurately maintained? Are MSDSs available for all chemicals on site? Are HASCP revisions recorded? Is the first-aid kit inspected weekly? Are daily safety meetings held? Are emergency procedures discussed during safety meetings?

Health and Safety Inspection Form YES NO N/A **COMMENTS EMERGENCY RESPONSES** Is a vehicle available on site for transportation to the hospital? Are fire extinguishers on site and immediately available at designated Work Areas? Is at least one person trained in CPR and first aid on site at all times during work activities? Do all personnel know who is trained in CPR / first aid? PERSONAL PROTECTIVE EQUIPMENT (PPE) Is proper PPE being worn as specified in HASCP? Level of PPE being worn. Is PPE adequate for work conditions? If not, give reason. Upgrade/downgrade to PPE level. Does any employee have facial hair that would interfere with respirator fit? If yes, willing to shave, as necessary? Fit-tested within the last year? (Documentation If Level B, is a back-up / emergency person suited up (except for air)? Does the HSS periodically inspect PPE and equipment? Is the PPE not in use properly stored? Is all equipment required in the HASCP on site? Properly calibrated? In good condition? Used properly? Other equipment needed? List. Is monitoring equipment covered with plastic to minimize contamination? PERSONNEL AND EQUIPMENT DECONTAMINATION Is the decontamination area properly designated? Is appropriate cleaning fluid used for known or suspected contaminants? Are appropriate decontamination procedures used? Are decontamination personnel wearing proper PPE? Is the equipment decontaminated?

Health and Safety Inspection Form YES NO N/A **COMMENTS** PERSONNEL AND EQUIPMENT DECONTAMINATION (continued) Are sample containers decontaminated? Are disposable items replaced as required? **WORK PRACTICES** Was proper collection and disposal of potentially contaminated PPE performed? Was proper collection and disposal of decontamination fluid performed? Is water available for decontamination? Is the buddy system used? Is equipment kept off drums and the ground? Is kneeling or sitting on drums or the ground prohibited? Do personnel avoid standing or walking through puddles or stained soil? Are work zones established? If night work is conducted, is there adequate illumination? Is smoking, eating, or drinking in the exclusion or CRZ prohibited? To the extent feasible, are contaminated materials handled remotely? Are contact lenses not allowed on site? Is entry into excavations not allowed unless properly shored or sloped? Is a competent person on site during excavation? Are all unusual situations on site listed in HASCP? If not, when? Action taken? HASP revised?

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N/A = Not Applicable